



# **COLLIN COUNTY** **Dental Plan Summary** Effective January 1, 2015

Coverage Services	Cost
Calendar Year Deductible (Individual/Family)	\$50/\$150
Calendar Year Maximum (Per Person)	\$1,000
Lifetime Orthodontia Maximum (Per Person)	\$1,500
<b>Preventive Services</b>	
<ul style="list-style-type: none"> <li>• Two Oral Examinations per calendar year</li> <li>• Bitewing X-rays, two series per year</li> <li>• Complete Series or Panorex X-rays, one time per 36 months</li> <li>• Dental Prophylaxis (Cleanings), 2 per calendar year</li> <li>• Fluoride treatments for children under the age of 19 years, up to once per 6 months period</li> <li>• Sealants</li> </ul>	Plan pays 100% Deductible does not apply
<b>Basic Services</b>	
<ul style="list-style-type: none"> <li>• Fillings (Amalgam, Silicate, Acrylic)</li> <li>• Root canal</li> <li>• Periodontic surgery</li> <li>• Extractions and other oral surgery</li> <li>• Emergencies</li> </ul>	Plan pays 80% After Deductible
<b>Major Services</b>	
<ul style="list-style-type: none"> <li>• Gold and porcelain fillings and crowns</li> <li>• Installation of bridgework and crowns</li> <li>• Repair, replacement and maintenance of bridgework and dentures</li> <li>• Dental implants</li> </ul>	Plan pays 50% After Deductible
<b>Orthodontic Services</b>	
<ul style="list-style-type: none"> <li>• Diagnose or correct misalignment of the teeth or bite</li> </ul>	Plan pays 50% Preauthorization required

Coverage Levels	Full-Time Employee Monthly Contribution
Employee Only	\$2.00
Employee & Family	\$24.00